

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

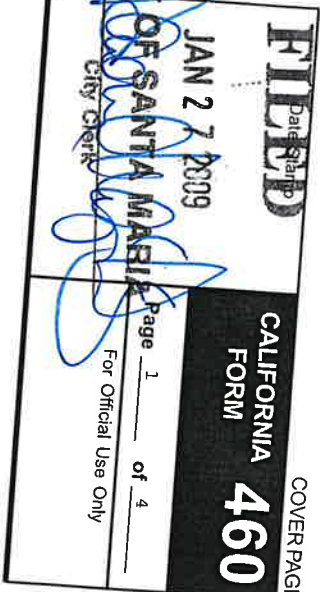
- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7)

Statement covers period  
from 07/01/2008  
through 12/31/2008

Date of election if applicable  
(Month, Day, Year)  
06/01/2010

2. Type of Statement:

- ☐ Preelection Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495



3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) I.D. NUMBER  
Alice Patino for City Council 1227669

Treasurer(s)

NAME OF TREASURER  
Tom Martinez  
MAILING ADDRESS  
2624 Airpark Drive  
CITY

STREET ADDRESS (NO P.O. BOX)  
2624 Airpark Drive  
CITY

STATE ZIP CODE AREA CODE/PHONE  
Santa Maria, CA 93455 805-346-8407  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY

STATE ZIP CODE AREA CODE/PHONE  
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-7-09  
By [Signature] Treasurer  
By [Signature] Santa Maria, CA 93455  
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By [Signature] Santa Maria, CA 93455  
Signature of Controlling Officer/Candidate, State Measure Proponent  
By [Signature] Santa Maria, CA 93455  
Signature of Controlling Officer/Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM  
**460**

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Alice Patino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council Member City of Santa Maria			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2624 Airpark Drive	Santa Maria, CA 93455		

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	
COMMITTEE ADDRESS	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	
COMMITTEE ADDRESS	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.	
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

## 7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Alice Patino for City Council

Statement covers period  
from 07/01/2008  
through 12/31/2008

SUMMARY PAGE  
CALIFORNIA  
FORM  
460

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions		
2. Loans Received	Schedule A, Line 3 \$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Schedule B, Line 3 \$ 0.00	\$ 0.00
4. Nonmonetary Contributions	Add Lines 1 + 2 \$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Schedule C, Line 3 \$ 0.00	\$ 0.00
	Add Lines 3 + 4 \$ 0.00	\$ 0.00

## Expenditures Made

6. Payments Made		
7. Loans Made	Schedule E, Line 4 \$ 137.50	\$ 208.50
8. SUBTOTAL CASH PAYMENTS	Schedule H, Line 3 \$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills)	Add Lines 6 + 7 \$ 137.50	\$ 208.50
10. Nonmonetary Adjustment	Schedule F, Line 3 \$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	Schedule G, Line 3 \$ 0.00	\$ 0.00
	Add Lines 8 + 9 + 10 \$ 137.50	\$ 208.50

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 2,820.80
13. Cash Receipts	Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	137.50
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,683.30

If this is a termination statement, Line 16 must be zero.

## 17. LOAN GUARANTEES RECEIVED

	Schedule B, Part 2	\$ 0.00
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30	\$	7/1 to Date	\$
21. Expenditures Made		\$		\$

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
1/1/08	\$
12/31/08	\$

\*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Alice Patino for City Council

Statement covers period from 07/01/2008 through 12/31/2008		CALIFORNIA FORM <b>460</b> SCHEDULE E
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I.D. NUMBER 1227669		

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<b>CP</b> campaign paraphernalia/misc. <b>CNS</b> campaign consultants <b>CTB</b> contribution (explain nonmonetary)* <b>CVC</b> civic donations <b>FL</b> candidate filing/ballot fees <b>FND</b> fundraising events <b>IND</b> independent expenditure supporting/opposing others (explain)* <b>LEG</b> legal defense <b>LT</b> campaign literature and mailings	<b>MBR</b> member communications <b>MTG</b> meetings and appearances <b>OFC</b> office expenses <b>FET</b> petition circulating <b>PHO</b> phone banks <b>POL</b> polling and survey research <b>POS</b> postage, delivery and messenger services <b>PRO</b> professional services (legal, accounting) <b>PRT</b> print ads	<b>RAD</b> radio airtime and production costs <b>RFD</b> returned contributions <b>SAL</b> campaign workers' salaries <b>TEL</b> t.v. or cable airtime and production costs <b>TRC</b> candidate travel, lodging, and meals <b>TRS</b> staff/spouse travel, lodging, and meals <b>TSF</b> transfer between committees of the same candidate/sponsor <b>VOT</b> voter registration <b>WEB</b> information technology costs (internet, e-mail)
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA, Inc 2151 S College Drive, Suite 101 Santa Maria, CA 93455	PRO			79.50
Benedetti & Associates, CPA, Inc 2151 S College Drive, Suite 101 Santa Maria, CA 93455	PRO			58.00
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>				

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.)
- Unitemized payments made this period of under \$100
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

**SUBTOTAL \$** 137.50

**TOTAL \$** 137.50